

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - 8813 16013 | 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name James A. Spade P.O. Box, Bldg., Room No., if any Street 510 Main Street City Nitro, State West Virginia ZIP Code + 4 25143 | 4. Name, file number, and address of labor organization. Name United Steelworkers Local 14614 Labor Organization File Number 51950 P.O. Box, Building and Room Number, if any Street 510 Main Street City Nitro, State West Virginia ZIP Code + 4 25143 |
| 5. Position in labor organization. | |

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | | |
|--|--------------|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | NA |
| 6. Name and address of Employer (including trade name, if any). | | 7.a. Nature of Interest, Transaction, or Income. |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State | ZIP Code + 4 | 7.b. Amount. |
| | | |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed James A. Spade On 8-12-05 (304) 755-7002
Date Telephone Number

Name of Person Filing **James A. Spade**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **The Segal Law Firm**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **810 Kanawha Boulevard, East**City **Charleston,**State **West Virginia**ZIP Code + 4 **25301**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **United Steelworkers Local 14614
Trust Funds**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **510 Main Street**City **Nitro,**State **West Virginia**ZIP Code + 4 **25143**

11.a. Nature of such dealing.

The Segal Law Firm serves as Fund Counsel to the United Steelworkers Local 14614 Trust Funds. I serve as a Trustee on the Funds and received a book containing ERISA and related laws.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2004 Edition Federal Labor Laws Book12.b. Amount. **\$59.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

NA

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **James A. Spade**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **United Steelworkers Local 14614 Trust Funds**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **510 Main Street**City **Nitro,**State **West Virginia** ZIP Code + 4 **25143**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **United Steelworkers Local 14614**Trade Name, if any: **Trust Funds**

P.O. Box, Bldg., Room No., if any

Street **510 Main Street**City **Nitro,**State **West Virginia** ZIP Code + 4 **25143**

11.a. Nature of such dealing.

I serve as a Trustee on the United Steelworkers Local 14614 Trust Funds. I attended 2 conferences for the Trustees in 2004 and recieved reimbursement for expenses in the amount below.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount. **\$3,447.41**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.